

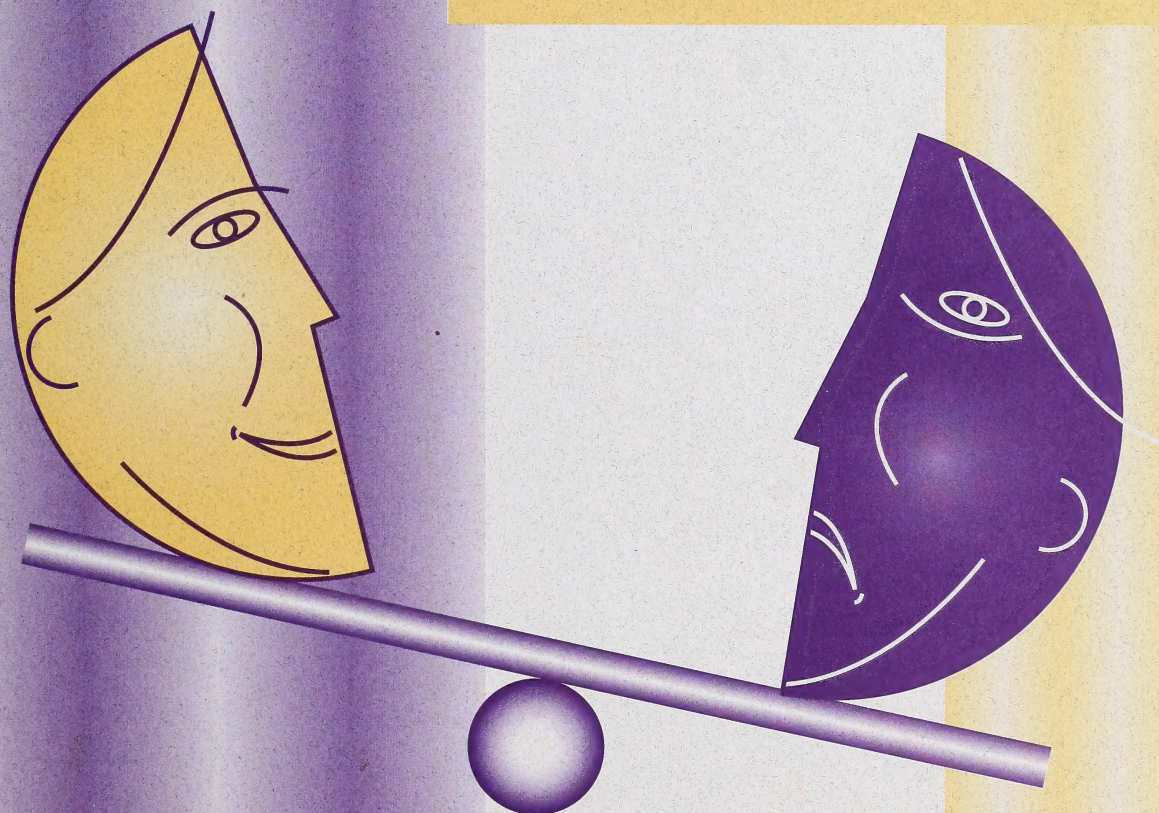
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Bipolar

Disorder



Where's the

Balance?

To Our Reader

If you have been diagnosed with bipolar disorder, this booklet is for you. *Bipolar Disorder—Where's the Balance?* contains information about your condition and practical suggestions for dealing with it. Your family, friends and others close to you will also find the booklet useful.

Learning to live with, rather than suffering from, bipolar disorder requires major life changes. Making these adjustments may not be easy, but you can succeed by learning more about your condition and developing new attitudes and skills.

You can use this booklet to:

- ◆ learn more about bipolar disorder, how it affects you and what you can do about it;
- ◆ get ideas about making changes to live more successfully;
- ◆ find out where to get help;
- ◆ understand how your condition may affect others who are close to you; and
- ◆ find out how to get and give support.

Suggestions are aimed at a wide audience. Some may work for you, others may not. You are the one to decide which ideas to try on for size, which ones suit you and work best for you. Just take what you need and leave the rest.

Learning to deal with bipolar disorder takes time, patience and courage. You're worth the effort.

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An Acknowledgement

This handbook was prepared by many people who truly care about others who are living with bipolar disorder.

When the Mental Health Branch of Alberta Health surveyed mental health professionals and associations to determine the resources most needed, the response was overwhelmingly in favour of producing a handbook to provide useful information about bipolar disorder for those who have been diagnosed with this illness.

It was clear from the very start that this handbook would need to address everyone who is involved in adjusting to this illness. As a result, an editorial committee of consumers (individuals with the illness), family members, mental health therapists and psychiatrists was brought together. Their thoughts, ideas and expertise form the basis of this handbook. We are grateful to them for committing their time over several months and sharing their own experiences honestly. The members who were consumers and family members often said they hoped others would find new hope and strength in dealing with mental illness by reading this handbook.

There is a second important group of people to thank. These are the many individuals who carefully read drafts of the handbook, checking content for accuracy and letting us know where information needed to be more clearly stated. These volunteers, suggested by our editorial committee, were consumers, family members, mental health therapists and psychiatrists from across the province.

Alberta Health gratefully acknowledges the work of all those who participated in shaping this handbook. Your suggestions for dealing with the realities of bipolar disorder, and your own sense of hope, will begin to help others make sense of their illness.

About Bipolar Disorder

.....
"I see now, in retrospect, that my wife was a lot of fun when she was in the manic phase of her illness. In this respect, I really didn't want her to change."

.....
"The normal periods between episodes made my husband's bipolar disorder difficult to detect. The relief I felt at the end of a depressive episode helped convince me that he was better. As a result, we delayed seeking help."

Everyone has moods. They can change several times a day from sadness to happiness, from boredom to excitement, from anger to contentment.

Some people experience extremely dramatic mood changes and may be diagnosed as having bipolar disorder.

Bipolar disorder (sometimes called manic depressive illness or manic depression) is a cyclic illness. Moods may shift from deep, frightening depression to extreme happiness or elation (mania). Some individuals experience marked instability instead of elation. Between these extreme episodes, there are periods of more or less normal moods.

Bipolar disorder affects approximately one out of every 100 people, men and women equally. The illness usually first appears in early adulthood or late adolescence. It can also occur in childhood or in late adulthood.

You're in good company

Abraham Lincoln, Theodore Roosevelt and Winston Churchill were all reported to have black periods of depression followed by manic episodes. The famous writers F. Scott Fitzgerald and Ernest Hemingway suffered from this condition. Singer Connie Francis and businessman Ted Turner have both spoken publicly of their illness, and actress Patty Duke wrote of her struggles with bipolar disorder in her autobiography, *A Brilliant Madness*.

Symptoms

Your mood may fluctuate between periods of extreme elation (mania) or moderate elation (hypomania) to profound depression. Between these episodes, you may feel essentially normal.

What's the difference between a normal and an abnormal mood? It's not always easy to detect. However, with bipolar disorder, your moods are out of step with the things going on in your life.

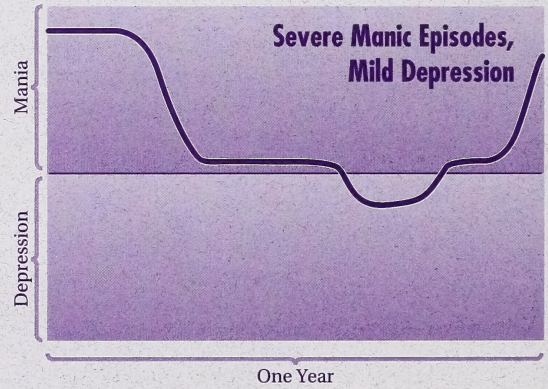
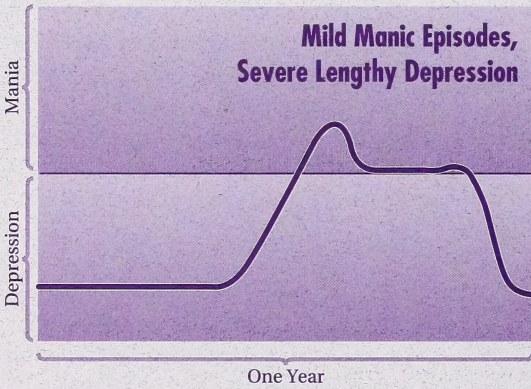
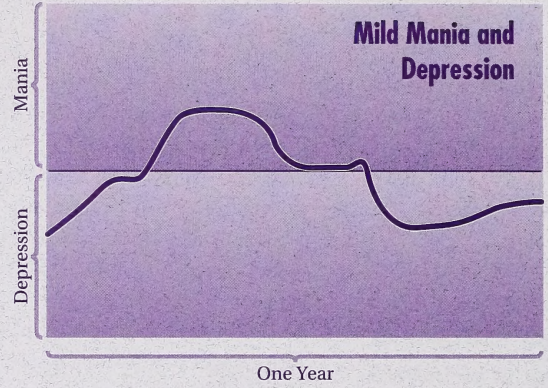
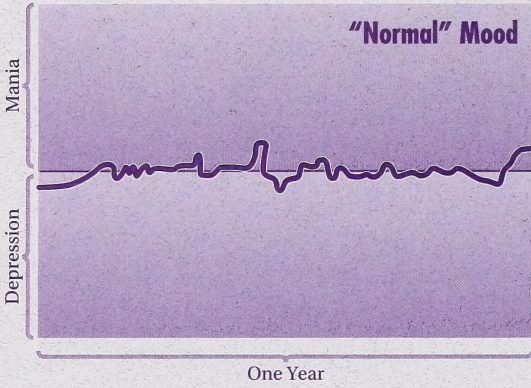
Bipolar disorder has many variations. The length, frequency and pattern of episodes differs from one person to another. Some people experience extreme manic periods but mild depressive periods. Individuals may have long and deep depressions, but mild manic episodes. Still others experience less severe mood swings. Some people even have symptoms of depression and mania at the same time.

The periods of mania or depression may last as little as a few days or as long as several months. Some people may experience years between episodes while others may experience several episodes a year.

It takes time to determine if there is a pattern to your illness.

Patterns of Bipolar Disorder

Bipolar disorder has many variations. The length, frequency and pattern of episodes differs from one person to another.



Rapid Cycling

About one in 10 people with bipolar disorder experience a pattern of mood changes called “rapid cycling,” experiencing four or more episodes of mania or depression in one year.

People with rapid cycling tend to respond poorly to treatment with lithium. Other medications are usually more effective.

The Depressive Period

In a depressive episode, you may have a range of mild to severe symptoms including:

- ◆ **feeling sad**
Feeling sad or blue most of the time, most days.
- ◆ **marked decrease in interest or in pleasurable activities**
Activities that used to bring pleasure such as pursuing hobbies, spending time with family members or engaging in sexual activity, just aren’t enjoyable any more.
- ◆ **changing appetite**
Experiencing an increase or decrease in appetite may result in weight gain or loss.
- ◆ **disturbed sleeping habits**
Experiencing difficulties in falling asleep, waking up early in the morning or sleeping more than normal.
- ◆ **change in activity**
Experiencing restlessness or moving significantly slower than usual.

Case Notes

Carol, a 24-year-old teacher, experienced episodes of depression and hypomania every three to four months over a three-year period. Although she was able to continue working during her periods of depression, she didn’t sleep or eat well, was tearful and tended to be irritable with the students. During periods of mania, she was full of energy with ambitious plans for projects and was considered to be a dynamic teacher. As a result of the stress associated with her frequent mood changes, Carol eventually requested leave and sought psychiatric help.

Carol began taking lithium, but it had little effect on her illness. A combination of medications worked better. When her condition stabilized, she returned to work.

At age 30, Carol and her husband decided to have a child. She stopped taking her medication and, within four weeks, she suffered a severe bout of mania. Carol was hospitalized, but treatment brought on a depressive episode. A change in medication again brought stability. With her doctors, Carol decided she should remain on medication during her pregnancy and accept the small risk of birth abnormalities.

Today Carol works part-time as a substitute teacher and is raising two young sons.

Discussion: Carol experienced rapid cycling with more than four episodes a year. As is often the case, these cycles were less severe than the more extreme, non-rapid cycling episodes. With proper treatment, it is possible for many people with bipolar disorder to function well, even if they experience rapid cycling.

.....
“Before my illness was diagnosed, my friends would say my moods could spin on a dime. They still call me the Queen of Moodiness.”

.....
“Fluctuating moods are so frustrating. Sometimes I wonder what part of my brain belongs to me and what part is just up for grabs, ready to explode into manic behaviour at any slight variation in sleep, weather, change of season or change of socks. I just wonder what doesn’t affect me and my moods?”

- ◆ **fatigue or loss of energy**
You may complain of not having the energy to do things such as getting out of bed in the morning or going to work.
- ◆ **decreased ability to concentrate and/or make decisions**
You may be unable to concentrate, causing a depressed person to have difficulty remembering names or the content of television programs. People may delay important life decisions when clinically depressed.
- ◆ **feeling guilty or helpless, having low self-esteem**
You may feel very guilty over small or trivial matters. You may believe that you have little or no influence over events in your life.
- ◆ **thinking about death or suicide**
You may think seriously about killing yourself and may make plans to do so.

For information on dealing with suicidal thoughts and feelings, see the section in this handbook on *Suicide Prevention*.

You don't need to have all of these symptoms to be clinically depressed. Moreover, some people with several of these symptoms may simply be experiencing a temporary and short-lived sadness.

To be diagnosed as having clinical depression, the symptoms need to be persistent.

Case Notes

Henry, a 36-year-old travel agent, began to experience frequent periods of irritability and would cry for no apparent reason. He wasn't sleeping well, had little appetite and trouble concentrating. He had no symptoms of mania, but recalled being excitable and full of energy in his 20s.

When his irritability began to cause serious problems at work and at home, his wife insisted he see a doctor. Henry was diagnosed as having clinical depression and was given a prescription for antidepressants. Over the next six weeks, his mood improved considerably and continued to swing upward. He talked faster, his thoughts raced, he became excitable and his sex drive increased. Then he went on a serious shopping spree. Henry's physician changed the diagnosis to bipolar disorder and prescribed lithium. The moods quickly settled down. Today, Henry continues to take this medication and is able to lead a normal life.

Discussion: *Bipolar disorder can appear first as mania or depression. There is a significant risk that antidepressants can bring on mania, so this medication must be carefully monitored.*

The Manic Period

Manic episodes usually arrive suddenly and end quickly. The arrival of the first manic episode after a period of depression is often the clue that the condition is bipolar disorder, not depression. Sometimes a manic episode is brought on by antidepressant drugs.

During a manic episode, you may have a range of mild to extreme symptoms including:

- ◆ **inflated self-esteem or grandiosity**
You feel super human. Your thoughts and ideas are radical and hugely ambitious. You may be very self-centred.
- ◆ **less need for sleep**
Although you sleep a little or not at all, you don't feel tired (for example, you may feel rested after only three hours of sleep).
- ◆ **talking more than usual or feeling pressure to keep talking**
You speak quickly and can't stop talking.
- ◆ **ideas or thoughts race through your mind**
It's difficult for you to concentrate or focus on one thing at a time, and your thinking and speech moves quickly from one idea to the next.
- ◆ **being easily distracted**
Your attention is easily drawn to unimportant or irrelevant things.
- ◆ **unstable moods**
Your moods shift rapidly, sometimes within minutes. You may be

irritable and easily frustrated. You may lose your inhibition and become involved in high-risk activities such as buying sprees, out-of-control sexual activity or foolish business investments.

- ◆ **feeling restless and increasing activities**

You are restless and physically active. You may set a number of goals (e.g., socially, at work or school, sexually) and increase your activity to achieve them.

- ◆ **having hallucinations**

You may hear, see or smell things that are not real.

- ◆ **having delusions**

You may believe things that are not true, such as having a special relationship with a religious figure, a celebrity or a well-known political leader.

It is important to remember that we judge ourselves by how we feel. However, we are usually judged by others by what they see. The two are often very different.

When a manic episode begins, it is common to feel “on top of the world”—happy, excited and full of life. Other people hear overly ambitious plans and notice rapid speech. They see the frenzied activity and risky actions of a person who is out of control and in need of medical help.

“When you’re depressed, you want to die. But going manic often gives you a reason for wanting to.”

“Mild mania is fun. Colours are brighter. Food tastes better. Thoughts are crystal clear.”

Causes

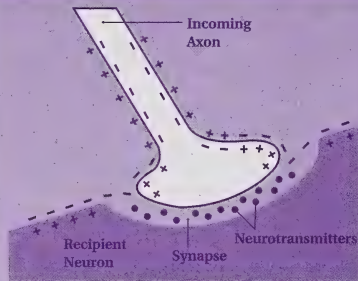
"The only way you're going to get well with this illness is if you learn to give up your highs."

A specific cause for bipolar disorder has not been identified. However, physiology and heredity are likely factors.

◆ Physiology

The increase or decrease of certain chemicals (called neurotransmitters) in the brain is probably the basis of the disorder. Changes or imbalances in these chemical substances may explain why people develop this condition.

How Neurotransmitters Work



Put simply, brain activity involves electrical charges that fire across the space between brain cells. This space is called the synapse. Brain cells have two main parts: the axon and the neuron. With the help of brain chemicals called neurotransmitters, the electrical charges move from the axon of one cell to the neuron of another. If these neurotransmitter chemicals get out of balance, the electrical activity in the brain is disturbed.

Bipolar disorder is **not** caused by such things as:

- ◆ poor parenting
- ◆ a bad marriage
- ◆ a demanding job
- ◆ a run of bad luck
- ◆ loneliness
- ◆ poor coping skills
- ◆ using drugs or drinking too much.

These events or circumstances can create stress that may trigger or affect the course of the illness in an individual, but they do not **cause** bipolar disorder.

◆ Heredity

Bipolar disorder often runs in families. Researchers believe that one or more genes may be responsible.

Mary, a newly married law student, had done well on exams before, but as her final exams approached this time, she was increasingly restless and unable to concentrate. Her need for sleep decreased. She studied through the night but accomplished very little. Her sex drive increased. After writing her exams, Mary claimed she had done well, but her husband had doubts and insisted on taking her to the campus clinic.

Mary was admitted to hospital, given antipsychotic drugs and lithium, and within two-to-three weeks, her moods had settled. Mary remained on lithium, continued her studies and completed her degree.

Discussion: Although Mary had previously functioned well, she experienced a manic episode which was probably induced by the stress of exams and her recent marriage. Her condition improved with hospitalization and a combination of medication. Eventually she required only lithium to maintain her stable condition.

[illegible]

Treatment

.....
"I felt like Superman, invincible, unable to be hurt. I'd walk 15 miles on a whim."

.....
"For a month each spring and fall, I could teach all day with only two or three hours sleep."

.....
"There was no way I would listen to what others were telling me. Why should I listen to someone babble on about his life when I held the key to world peace?"

Effectively treating bipolar disorder often involves taking medications and/or engaging in psychotherapy. Making adjustments to your lifestyle and learning new ways of doing things are also important.

Generally speaking, the treatment of bipolar disorder has three aspects: treating mania, treating depression and maintaining a relatively stable mood over the long-term.

Determining the most effective treatment for you depends on several factors including:

- ◆ the symptoms of the manic and depressive episodes;
- ◆ how severe the episodes are;
- ◆ how often episodes occur and how long they last;
- ◆ the number and type of stressors in your life;
- ◆ the amount of support available from family, friends and significant others.

Finding the best possible treatment may take time and involves establishing a therapeutic relationship with your physician and/or therapist. It may also involve the use of various types and combinations of treatments before the most effective is found.

If bipolar disorder is not treated, people tend to have longer, more frequent episodes. They generally have chaotic lives and many problems, with little hope of things getting better.

Medication

When prescription medications are used, it is very important to find the most appropriate one and take it as prescribed. Learn about the medication and talk with your physician and pharmacist about its effects on you.

Identifying the best type of medication and the most effective dosage may take time. Several weeks may have to elapse before the drug begins to take effect and you feel better. Sometimes side effects cause discomfort, but these usually get better within a few weeks.

Lithium Carbonate

Lithium carbonate — usually known as lithium — is the most commonly used drug for bipolar disorder. It reduces the symptoms of excitement in the manic state and helps to prevent or reduce the severity of mood swings. Lithium is effective for about 60 per cent of people with bipolar disorder. Successful treatment depends on sustained, often lifelong use of this medication.

Generic Name	Trade Name
Lithium Carbonate	Carbolith, Duralith, Lithane, Lithizine

Lithium takes effect in approximately 10 to 14 days and does not usually cause sedation or drowsiness. It is not addictive.

"My writing helps me remember the horror I put my wife and children through. So, in the seven years since I was diagnosed, I have never stopped taking my medication. I have only missed taking one pill on maybe a dozen occasions. I'm like a machine in this regard."

Common Side Effects

- ◆ thirst
- ◆ frequent urination
- ◆ diarrhoea
- ◆ abdominal cramps
- ◆ nausea or vomiting
- ◆ hand tremors
- ◆ feeling tired or light-headed
- ◆ rashes
- ◆ weight gain
- ◆ swelling, particularly of the hands and feet.

After the first few weeks, the most troublesome side effects will likely be less severe or you begin to get used to them. With long-term use, lithium can also affect the kidneys and the thyroid gland. For this reason, your physician will want to check your renal and thyroid function regularly.

Precautions

- ◆ **Choose pain relievers carefully.** If you need one, take acetaminophen (e.g., Tylenol). Do not take anti-inflammatories or aspirin because they can alter the level of lithium in your blood. Consult with your pharmacist or physician before taking any over-the-counter medications.
- ◆ **Drink adequate water.** Your body maintains a balance between sodium chloride (a salt) and water. That balance can be affected by lithium, which is also a type of salt. To avoid losing too much body water, drink plenty of fluids in hot weather and after activities that cause excessive sweating such as taking a hot

bath, having a sauna or exercising strenuously. Do not suddenly restrict your salt intake.

- ◆ **Avoid dehydration when physically ill.** You need to be careful when you are ill and have a high fever, diarrhoea or vomiting. These conditions can cause you to lose too much water and salt so that you become dehydrated, increasing the risk of lithium toxicity. Tell your doctor when you are experiencing these conditions.
- ◆ While taking lithium, wear a medic alert bracelet or carry an identification card stating you take lithium and giving instruction about proper care in an emergency situation.

Lithium Toxicity

This condition occurs when the level of lithium in the blood is too high. It usually develops over a few days. Symptoms are essentially the same as the side effects experienced when you begin to take lithium, but they become more severe over time.

Notify your physician immediately if you have:

- ◆ nausea and vomiting
- ◆ diarrhoea (more than twice a day)
- ◆ shaking or severely trembling hands and legs
- ◆ slurred speech
- ◆ severe weakness or drowsiness.

Lithium Blood Tests

To work properly, the amount of lithium in the blood must be within a precise range. Regular blood tests are necessary to check the level. On the

"You need to find out about your drugs. I read a pharmaceutical manual. I learned that lithium took two hours to be absorbed fully. So I started taking it two hours before going to bed. I'm asleep when my head hits the pillow."

day of the test, take the lithium dose for that morning after the blood sample is drawn at the clinic.

Other Mood Stabilizers

Certain types of anti-convulsive medications — Carbamazepine (Tegretol) and Valproic Acid (Depakene, Epival) — are often helpful in treating bipolar disorder. These drugs counteract mania and work as mood stabilizers although they are commonly used to treat epilepsy and other disorders that cause seizures. Regular blood tests are required to monitor the levels of these medications.

Common Side Effects

- ◆ loss of appetite
- ◆ diarrhoea, nausea or vomiting
- ◆ swelling of the face
- ◆ feeling tired or weak
- ◆ rashes or itching
- ◆ sensitivity to the sun.

Certain drugs used to treat high blood pressure have proven useful as mood stabilizers.

Tranquillizers and Sedatives

Tranquillizers (such as Valium, Serax, Ativan or Rivotril) are used to ease anxiety. Sedatives are used to induce sleep. Both are usually prescribed for short-term, intermittent use, as they may become habit-forming.

Case Notes

Maria, age 33, was a bank teller. She had been well until December when she became increasingly fearful of Christmas. She was withdrawn, had lost her self-confidence and feared she might lose her job. Almost overnight, her mood lifted; she became full of life and excited about Christmas. She didn't need to sleep and spent many nights cleaning the house. Her sex drive increased. After two to three weeks, her husband took her to a doctor. Maria told the doctor her mother had similar episodes but had never received medical help.

The doctor diagnosed bipolar disorder and prescribed lithium. In about two weeks, Maria's moods settled down.

In the last several years, she has been promoted at work and is doing very well. She sees her doctor for lithium blood tests every six to eight weeks and has yearly checks for thyroid and kidney function.

Discussion: *Some patients experience one or only a few periods of mania or depression. Lithium is an effective control for their illness. Although patients may find them a nuisance, regular blood serum tests are essential.*

Antipsychotics

These drugs may supplement mood stabilizers. Larger doses may be needed for temporary use or smaller doses for long-term use. Anti-psychotic medications can have serious side effects, especially with

.....
"I've learned how and when to take the drugs so they're most effective. For example, lithium makes me feel tired, especially in the four-hour period after I take it. That's why I take it in late morning, before I eat lunch. I can handle the absorption period better then."

.....
"I find that tranquillizers are best used with relaxation tapes, meditation or a hot bath. Then only a small dose of medication is needed to get me to sleep."

high doses, so their use must be monitored carefully.

Common Side Effects

- ◆ drowsiness
- ◆ blurred or double vision
- ◆ loss of balance
- ◆ muscle weakness or spasms, stiff arms or legs
- ◆ feeling restless, having a need to keep moving
- ◆ shuffling walk
- ◆ weight gain
- ◆ dry mouth
- ◆ sensitivity to sunlight.

Antidepressants

These medications reverse depressive symptoms and stabilize mood by increasing or reducing the amount of certain chemicals in the brain. They are not considered to be physically addictive but they can sometimes cause manic episodes.

It usually takes two to five weeks before you begin to feel better. For some people, this time may be shorter.

There are three major categories of these drugs: the new generation drugs, tricyclic antidepressants, and monoamine oxidase (MAO) inhibitors.

New Generation Antidepressants

In recent years, a new group of antidepressant medications has become

available. They include the Serotonin Specific Re-uptake Inhibitors (SSRIs).

Generic Name	Trade Name
Fluoxetine	Prozac
Fluvoxamine	Luvox
Paroxetine	Paxil
Sertraline	Zoloft
Nefazodone	Serzone
Venlafaxine	Effexor

These medications have fewer and milder side effects than other types of antidepressants.

New antidepressants with more specific actions and fewer side effects are continually being introduced.

Tricyclic Antidepressants

These are the oldest and, until recently, were the most commonly prescribed antidepressants.

Generic Name	Trade Name
Amitriptyline	Elavil, Levate, Novopriptyn
Doxepin	Sinequan, Tridapin
Desipramine	Norpramin, Pertofrane
Trimipramine	Surmontil, Apo-Trimip
Imipramine	Tofranil, Impril, Novopramine
Nortriptyline	Aventyl
Protriptyline	Triptil
Clomipramine	Anafranil

The following drugs work in a way that is similar to tricyclics.

Generic Name	Trade Name
Trazadone	Desyrel
Amoxapine	Asendin
Maprotiline	Ludiomil

Monoamine Oxidase (MAO) Inhibitors

These drugs are sometimes prescribed if other antidepressants have not been successful. They are not routinely used because they interact adversely with many drugs and foods. If you are prescribed one of these medications, you will be given a list of foods, beverages and other medications to avoid.

Generic Name	Trade Name
Phenelzine	Nardil
Tranylcypromine	Parnate

A new MAO inhibitor, Moclobemide (Manerix), has recently become available. This drug is known as a RIMA—a Reversible Inhibitor of Monooamine Oxidase A. The drug is very specific in how it works and a special diet is not required.

Common Side Effects of Antidepressants

- ◆ feeling drowsy
- ◆ weakness and fatigue
- ◆ blurred vision
- ◆ difficulty urinating
- ◆ constipation
- ◆ increased heart rate
- ◆ memory impairment
- ◆ dry eyes and mouth
- ◆ feeling dizzy or light-headed when rising.

Guidelines for Taking Your Medication

Make it easy to remember

Try to make taking your medications part of your daily routine, just like eating breakfast or brushing your teeth. Keep your medication in a convenient place so it's there when you need it. If you take several medications, consider using a dosette. If the timing of taking your medication is inconvenient, ask your physician about changing to a schedule that better suits your lifestyle.

Follow instructions carefully

Read all the labels and any special instructions on your drug containers. Some medications must be taken at certain times, with meals, others must be taken on an empty stomach. If you are not sure of the directions, ask your doctor or pharmacist.

Know what to do if you miss a dose

Ask your physician or pharmacist what to do if you forget to take your medication. Do not simply “double-up” on the next dose. The results could be harmful.

Watch for side effects and drug interactions

Many drugs have serious side effects and you may mistakenly attribute common drug reactions such as confusion, tiredness or depression to your mental illness. In addition, some medications are potentially dangerous when they are combined with other drugs, alcohol, certain foods or activities. Keep the use of over-the-counter medications to a minimum—all drugs interact with each other. The more medications you take, the more problems you may have.

Store medications safely

Keep medications out of reach of children and others who could take your medication by mistake.

If you have any questions about your medications, talk with your physician or pharmacist.

Taking Medication Is Important

Estimates are that approximately 30 to 60 per cent of people stop taking their medication at some time during their illness. Not taking medications or failing to take them as prescribed may cause a relapse. Always talk to your doctor before you attempt any change or decide you'd like to discontinue your medication.

There are several reasons why people may not take their medications.

- ◆ **Forgetting**

This is often the result of not having a routine. Like brushing your teeth, taking medication should become a regular habit.

- ◆ **Not accepting the illness**

Taking medication is a constant reminder of this disorder. Some people want medication to be the cure, not just a way to control symptoms.

- ◆ **Disliking the side effects**

Some people experience a dry mouth, nausea, lack of energy and weight gain. By changing the medication or the dosage, or treating the side effects, these conditions can usually be reduced or eliminated.

- ◆ **Feeling confused**

Living with certain medical conditions, an irregular schedule, a chaotic lifestyle or stress, or a taking a combination of medications, can easily make you confused. Using a dosette helps you keep track of your medication.

Case Notes

John, age 44, was diagnosed with bipolar disorder in his mid-20s. He had severe mood swings for a number of years, mostly depression with occasional manic episodes. He responds well to medication, but suffers from side effects. Lithium causes severe tremors, carbamazepine gives him a bad rash, and valproic acid causes nausea.

John stopped taking his medication on several occasions and the depression returned. He has been admitted to hospital nine times but is now at home with his family and looking for part-time employment. Because it is unlikely he will stay on his medication, John will probably become depressed again and require further hospital care.

Discussion: Antidepressants and lithium can effectively control depression. However, side effects can tempt patients to stop taking their medication, leading to more episodes of mania or depression.

- ◆ **Wanting the 'high' of a manic episode**

Not taking medication may bring on or prolong a manic episode. Giving up the highs of this illness can be difficult.

- ◆ **Complacency**

If a long time has passed since the last episode, it's easy to become lulled into a false sense of security. Sometimes people think they are better or cured and no longer need to take their medication. If they stop taking it, they may soon discover this was a mistake.

"It is very important to keep a record of treatment. By writing down the side effects and emotional response to the drugs I was taking, I was able to work with my physician to find a treatment that worked."

Keep a Drug Profile

Part of living with bipolar disorder involves keeping track of your medication. A drug profile is an easy way to do this.

A drug profile is a list of all the prescription and over-the-counter medicines you take on a regular basis. For each medication, record the following information:

- ◆ the name of the medication and its dosage
- ◆ what you take it for
- ◆ when you take it
- ◆ how long you have taken it
- ◆ who prescribed the medication
- ◆ whether it is effective
- ◆ what, if any, side effects it caused.

Your drug profile will be a valuable aid for people involved in your health care. For example, if you change physicians, your drug profile provides a clear record of what drugs or combinations of drugs have been tried in the past, whether or not they were effective, and their side effects.

Psychotherapy

In psychotherapy or counselling, supportive, interested, objective therapists work with people to help them understand and resolve their problems. Individual and/or group counselling can be helpful in treating bipolar disorder.

Psychotherapy is conducted by mental health professionals such as

psychologists, psychiatrists, social workers and psychiatric nurses. It is important to enquire about a therapist's training, experience and therapeutic approach as professionals have different ways of practising psychotherapy.

People get help through psychotherapy in several areas.

◆ making change easier

A therapist can help you adjust to lifestyle changes and reduce your stress to achieve a more balanced life. Psychotherapy can help you understand and deal differently with your problems. For example, counselling can focus on negative and self-defeating thinking and help to improve your self-esteem.

◆ dealing with relationship problems

In a setting where you can voice your concerns, disappointments and fears related to important relationships in your personal and working lives, you learn to solve problems and be more communicative and assertive. You can learn to resolve conflicts through marital and family counselling.

◆ detecting and dealing with relapses

You can learn to recognize the subtle changes indicating that a manic or depressive episode is returning. With your therapist's help, you can learn to recognize the special signals that mean you need to change how you take care of yourself.

"I've found that it's a good idea to have a psychiatrist for dealing with the medication side of my illness and a psychologist for psychotherapy. This way, if I get mad at my therapist over some issue I'm dealing with, I won't go off my medication to teach him a lesson."

◆ understanding and making acceptance easier

Understanding bipolar disorder, how it affects you, and the psychological, interpersonal and social factors that contribute to your mood disturbance can help you deal with it more effectively. Psychotherapy can also help you deal with the stigma associated with this condition.

Types of Psychotherapy

There are many therapeutic approaches, but all are aimed at improving an individual's personal and interpersonal functioning.

Cognitive

The cognitive approach focuses on how people think about themselves, their world and their place in it. It explores negative thoughts and examines how these result in low self-esteem, worry and depression. By correcting negative thinking patterns, self-esteem is enhanced and mood improves.

Interpersonal Skills

In dealing with their interpersonal problems and difficult relationships, people are helped to resolve differences, communicate more effectively, reduce stress and improve their functioning level.

Behavioral

Based on the assumption that behaviours are learned, this therapy aims to help individuals learn healthier behaviours and gain greater self-control.

Case Notes

Sonia experienced her first bout of mania as a university student at age 20. Her behaviour became erratic. She spent a lot of time partying and spending money. Unable to keep up with her academic work, she dropped out of school, sought psychiatric help and was diagnosed with chronic hypomania. She began to take lithium but found she was more successful in maintaining a reasonably stable mood by combining this drug with carbamazepine (Tegretol).

Sonia has not been able to maintain steady employment. She has been divorced twice and is the mother of a 7-year-old son.

At age 31, when she experienced an episode of severe mania, Sonia was hospitalized and successfully treated with Lithium and Tegretol. Sonia started therapy and is taking steps to improve her lifestyle. She is learning how to reduce stress, has improved her approach to relationships, is eating a healthier diet and getting regular exercise. She drinks only an occasional glass of wine and has cut out caffeine and chocolate entirely. Employed as a waitress, Sonia lives happily with her son and has recently started a promising relationship.

Discussion: *Although medication is the most important means to control bipolar disorder, psychotherapy and a healthy lifestyle — coping with stress, eating properly, exercising regularly — are also essential stabilizing factors.*

Supportive

This approach encourages people to talk and gives them the emotional support they need. The focus is on

sharing information, ideas and strategies for coping with daily concerns.

Family

By focusing on family dynamics the goal is to help people live together more harmoniously, undo patterns destructive to relationships, and teach family members to support each other more effectively.

Electroconvulsive Therapy (ECT)

Electroconvulsive therapy (ECT) is sometimes used to treat severe depression or severe mania, usually when drugs have not been effective or the risk of suicide is high. It can also be used during pregnancy when there is a risk that certain medications may cause birth defects. ECT is done in the hospital, usually at the rate of three treatments per week. Typically, a person requires a total of eight to 12 treatments.

ECT has improved considerably since its early days and is today recognized as a humane and effective treatment for mental illness. It's quick-acting, and improvements are usually obvious after a few treatments.

What is it? A small and carefully controlled current of electricity is sent to the brain to induce a seizure. Electrodes are used to apply the current in a similar way paddles are used in heart resuscitation (but with only about one per cent of the amount of energy). Patients are given anaesthesia and muscle relaxants before the procedure and are not

Case Notes

John, age 23, spent summers doing carpentry work and winters working at ski resorts. When he returned home between jobs, John's family noticed profound changes in his nature.

John had always been energetic but, while he seemed to have even more energy than usual, he was not doing anything productive. He was irritable and quick to get angry. His condition deteriorated rapidly over two weeks. John claimed to have a special relationship with God, believed that he could solve world problems, began to give money and belongings away to people in the street, and took to carrying knives. He refused to see a doctor.

In desperation, John's family took him to the hospital where he was admitted involuntarily. Treatment with antipsychotics and lithium was started, but John's condition worsened over the next ten days. He was angry, aggressive and unable to sleep.

A second medical opinion was sought and it was decided that John would be given ECT. This was given three times a week for two weeks.

After the third treatment, the nurses noticed that John was less anxious and agitated and spent less time wandering about the ward. By the fifth treatment, he had noticeably improved and, after the sixth treatment, John was discharged. John continues to take lithium and is functioning well. He works part-time and is well enough to work full-time.

Discussion: *ECT is considered when other treatments fail to control bipolar disorder because it often results in marked improvement.*

"Don't jump back into the job market too soon. On the other hand, don't stay home too long because you'll get nuts again."

"Coming home from the hospital was a very tough time. My self-esteem was zero. It took me years to get my confidence back."

"It's so important to have a quiet place to go when it gets tense. A lot of people don't have a friend or relative to ask for a place to stay. My mom's house was the half-way house for me. I could go there when things got on my nerves."

awake during it. They do not experience any sensations or body movement. They may have headaches or short-term memory loss afterwards.

For more information about ECT, contact your physician or a mental health clinic.

Hospitalization

The key to living successfully with bipolar disorder is early intervention and prompt treatment. Most people are hospitalized at some time during the course of their illness, often during the first manic episode. This time is used for assessing, diagnosing, starting medications, providing support, and reducing the risk of suicide or other harmful behaviours.

Hospitalization may be required if manic or depressive episodes reoccur, and changes in medication make little difference.

Returning Home

After being hospitalized, you need a period of physical and mental recuperation when you get proper rest, eat nutritious foods, get regular exercise and reduce stress.

As family roles and responsibilities often shift when a person is hospitalized, returning home may require some adjustments. In some families, people may be reluctant to relinquish responsibilities to the person returning for fear he or she suffers a relapse. On the other hand, families may expect too much and be impatient for everything to return to normal. Patience, understanding and

good communication are important. Everyone should express their expectations clearly.

Alternative housing may be required because going from the ordered environment of a hospital back to an unstructured or isolated living arrangement can create problems. Staying in a half-way house or participating in a day program may help to make the transition successful.

Early Release

Early release from a hospital is a fact of life in today's health system. Patients are often released much sooner than they were in the past — sometimes before they (or their families) feel they are completely ready.

If you (or someone you are caring for) will be discharged from hospital early, the following suggestions may help.

- ◆ Ask questions of, and talk about your concerns with, the hospital staff who are working with you on the discharge plan. Ask them specifically about what to expect after release and what type of support will be needed (e.g., home care, child care services, support groups). Ensure this support system is in place.
- ◆ Make sure you understand what symptoms or changes in condition should cause concern.
- ◆ Obtain a list of resource people and their telephone numbers to call if you have concerns or questions. Community-based mental health professionals provide support and treatment for people after they are discharged from hospital.

Strategies for Living

Promoting Your Own Health

.....
"I only talk about my illness to people if I feel it won't harm our relationship or either of us personally. I haven't always been successful in my choices. I would like to be more open, but there is still a lot of stigma out there."

.....
"I've been asked to resign from jobs. I've received so much pity, relationships have drowned. But by far the most common reaction is the fight-or-flight response. I've seen sheer terror cross a person's face. I've watched people's respect for me just drain out of their toes. Some people just disappear. Others start treating me like a child."

Managing and enhancing your mental health involves more than taking medication and limiting your exposure to stressful situations. Your beliefs, style of thinking, personal relationships, lifestyle habits, working environment and the culture you live in are all important.

Family members and the public in general may not be informed about or react with understanding to someone with bipolar disorder. This attitude typically results from fear and ignorance. Some people may change their attitudes after they learn more about your condition, while others may not. Having a trustworthy person to talk to about the frustrations involved in dealing with the stigma of mental illness can help.

Mental health is an essential component of overall health. Considering your total physical, social, emotional, vocational, intellectual and spiritual functioning is important in enhancing your health. Each area overlaps and influences the others.

Improving your mental health involves looking at all these areas of functioning to determine if changes need to be made. This is as true for people who have been diagnosed with bipolar disorder as it is for their families and close friends.

Physical

Your physical health plays an important role in how you feel about yourself. Steps you can take to deal with stress and help you feel better include:

- ◆ eating nutritious foods;
- ◆ exercising regularly;
- ◆ learning to relax;
- ◆ getting enough sleep; and
- ◆ having regular medical check-ups.

Social

Giving and receiving support, feeling comfortable with others, and being able to trust people in your life may improve your well being. Actions to consider taking are:

- ◆ spending time with friends and family;
- ◆ making new friends;
- ◆ offering help to someone who needs it; and
- ◆ appreciating the people closest to you.

Emotional

You can feel good about yourself by accepting who you are and where you're at through:

- ◆ enjoying time by yourself;
- ◆ taking pride in your accomplishments;
- ◆ learning from your mistakes;
- ◆ not losing hope; and
- ◆ being kind to yourself.

"I scare them, or, should I say that their preconceived ideas scare them? I have Hollywood and the media to thank for that. Mental illness sells newspapers."

"I'm pretty open and I've been lucky enough to find people who are accepting of my illness, especially the guys I work with. I knew the people at work long before I got sick, and they've been really helpful about accommodating my needs for shorter hours and different kinds of work."

Hope Makes a Difference

When people talk about managing a mental health condition, words like "caring" and "coping" are often used. But many times, even though you know that others **care** and you know there are things you can do to **cope**, you still don't feel like moving ahead. In other words, sometimes it is difficult to **hope**.

Hope is much more than an intangible emotion where you wish, expect or wait for good things to happen. Hope is active; it means moving forward, confidently searching for meaning, having something to live for. The well-known psychiatrist Karl Menninger said "Hope is an indispensable factor in psychiatric treatment."

When times are difficult, sustaining your hope can be a challenge, especially if your condition is chronic. We can learn about our own hope and be more conscious about keeping it through the tough times. Practising hope will enhance the things you do to cope and the caring that others give you.

Hope is not a magic wand to make problems disappear. Practising hope takes effort. And, even if you believe you have lost your hope, it is possible to recover it.

Practising hope is not something that others can do for you, but they can be partners in strengthening your hope.

Hope is nourished as you:

- ◆ focus on possibilities more than limitations;
- ◆ maintain healthy relationships rather than staying isolated;

- ◆ give a place to your creative and intuitive parts; and
- ◆ practice the language of hope in talking to yourself and others.

Hope is the voice inside us that says "yes" to life. In doing so, we open ourselves to tolerating difficult times and doing what we can to make our lives positive. We also do these things with the confidence of knowing that more and more research supports the idea that hope makes a difference.

Some Albertans who have experienced the power of hope in their lives have joined together and formed the Hope Foundation. Its mission is to increase understanding of the role of hope in human life. As a result, individuals and groups can use hope to enhance their quality of life, particularly in relation to health, learning and spirit.

For more information contact:

The Hope Foundation

11032 - 89 Avenue
Edmonton, Alberta
T6G 0Z6
Telephone: (403) 492-1222

Information provided by The Hope Foundation.

Vocational

Everyone needs to feel productive. Enhancing your health and well-being involves looking at the work you do and making adjustments if necessary. You might feel you need to:

- ◆ find a job you like;
- ◆ work in the yard or around the house;
- ◆ volunteer your time; or
- ◆ create something by building, painting, writing, knitting, etc.

Intellectual

Keep your mind challenged and active. Try:

- ◆ reading a book;
- ◆ going to see a movie;
- ◆ visiting a museum or an art exhibit; and
- ◆ learning something new.

Spiritual

You need to find sources of inner strength and comfort that give you a sense of purpose in your life. This can be done by:

- ◆ nurturing your hope;
- ◆ living one day at a time and making the most of every day;
- ◆ using meditation or prayer to help the healing process; and
- ◆ keeping a journal or diary to record your thoughts, feelings and ideas.

Lifestyle Considerations

People who are learning to deal successfully with bipolar disorder are making lifestyle changes. Here, in their own words, are some strategies they feel are working.

Exercise

- ◆ “I exercise for at least 30 minutes at least three times a week. I’ve learned that physical exercise is a natural way of reducing and even avoiding depression. Also, exercise is an important way for me to manage the extra energy I have.”
- ◆ “I start each day with 15 minutes of stretching to get me going. I think activity is critical.”
- ◆ “I use my job as a way of exercising. Working as a landscaper gives me several hours a day of hard physical activity. In the winter when I’m not working, I cross-country ski and play hockey.”

Sleep

- ◆ “I have to discipline myself to maintain a regular sleep pattern. I go to bed at 10:30 p.m. and get up at 6:00 a.m. I never nap for longer than half an hour in the afternoon.”
- ◆ “I have lots of relaxation tapes and play them on the stereo beside my bed.”
- ◆ “I try to use natural ways of promoting sleep, like drinking warm milk or soaking in a hot tub before I go to bed.”

- ◆ “When sleep is a problem, I try not to sweat it. I watch a funny movie or listen to music. I know that sleep will come eventually.”

Drugs and Alcohol

- ◆ “I don’t drink at all. When necessary, I take a tranquillizer to get to sleep.”
- ◆ “I don’t use street drugs. I find that one or two glasses of wine on occasion is fine, but too many occasions in a row leads to days of depression. Alcohol is a depressant.”
- ◆ “I always ask my doctor or pharmacist whether a medication is safe to mix with alcohol.”
- ◆ “Don’t use drugs or alcohol to ‘self medicate’. I’ve found that using alcohol as a way of getting to sleep or taking greater amounts of medication to increase its effect is dangerous.”
- ◆ “If you think you have a drug or alcohol dependancy problem, get help. Talk with your mental health worker, contact Alberta Alcohol and Drug Abuse Commission (AADAC), call Alcoholics Anonymous or Narcotics Anonymous.”

Employment

- ◆ “I don’t return to work until I feel ready. If in doubt, I discuss this with my doctor or therapist.”
- ◆ “I think it’s important to return to work gradually. Doing part-time work or volunteering is best for me.”

- ◆ “I know the stressors in my job and have a plan about how to ease them. Discussing potential problems with supportive co-workers or a supervisor can be helpful.”

- ◆ “I’ve had to consider other forms of work that are more suitable for my abilities and energy level. Career counsellors can help identify more appropriate occupations.”
- ◆ “I looked into retraining and specialized employment programs for people recovering from mental illness.”
- ◆ “I needed to find extra sources of financial and emotional support to help ease my way back into the work place.”
- ◆ “I had to find other ways of enhancing my self-esteem besides those related to my career.”
- ◆ “It meant a big cut in pay, but moving to a more physical job made the difference between being sick or well. The desk job I had was too inactive and stressful.”

- ◆ “I think that many of us could return to our old occupations if the hours were reduced. We’d need to start a little after the rush and finish a little before the rush. And of course, we’d be working for a little less pay.”

Social Life

- ◆ “Friendships are very important. Being able to pick up the phone and call someone during down times has been a life saver.”

My Own Life Chart



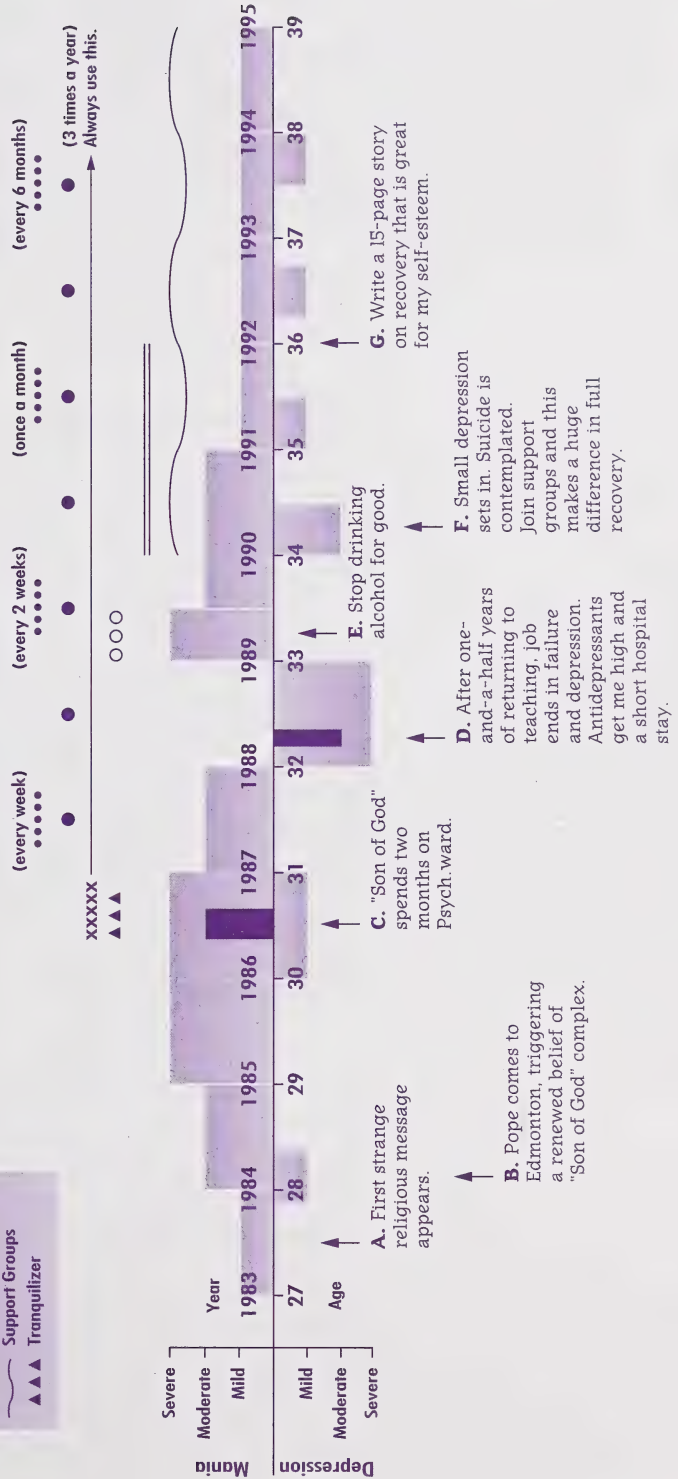
Learning the "Landscape" of Your Illness

Bipolar disorder is a very personal and distinctive illness. How you experience it is unique to you.

Getting to know the course of your illness is an important part of living with it. The more you know, the more likely you will be able to predict when manic or depressive episodes may

occur and you can be prepared to take appropriate actions.

Many people with bipolar disorder find that drawing a life chart, like the one below, is a good way to learn about the unique features of their illness.



- ◆ “I’m shy, but volunteering helped me to meet new people and my life is fuller now.”
- ◆ “Talking to others helps me to get my mind off my troubles. It’s like a mini-vacation.”

Legal Considerations

You may need to be prepared for periods of disability resulting from severe mania or depression. Making plans when you are well allows you to have more control over your future. Your planning should include family members, friends and other people who may be affected by your illness. You may also want to consult a lawyer to make legal provisions for the times when you are unable to make decisions for yourself.

Two types of legal arrangements are described below — the Enduring Power of Attorney and Trusteeship/Guardianship.

Enduring Power of Attorney

In 1991, the Alberta *Powers of Attorney Act* was passed. It allows people who are well now, but may become mentally unable to plan how they will be taken care of and how their property and financial affairs will be administered in that event.

An Enduring Power of Attorney authorizes an individual you choose to handle your property and financial affairs during a period of physical or mental disability. **The Enduring Power of Attorney can be structured in such a way that it will not come**

into effect unless you become mentally incapable of managing your own affairs.

If you are considering this, you’ll need to think about several things. The following questions can get you started.

- ◆ When is the best time to make these legal arrangements? (You must be considered capable of giving instructions to a lawyer.)
- ◆ Under what conditions should my Power of Attorney take effect?
- ◆ Under what conditions should my Power of Attorney no longer be in effect? In other words, what criteria will determine that I am able to handle my personal affairs again?
- ◆ How do I want my affairs managed if I become disabled? What kinds of decisions do I want made for me? What actions should be postponed? (You may want to specify the conditions under which you should be hospitalized.)
- ◆ Who is the best person to handle my affairs? Who do I trust to make decisions that will be in my best interests?

Trusteeship and Guardianship

Alberta’s *Dependent Adults Act* provides for the care of adults (over the age of 18) who are unable to take responsibility for themselves or for their financial affairs. The *Act* allows the appointment of a guardian and/or a trustee. A guardian is

[illegible]

Suicide Prevention

Any one of us may consider suicide as an escape during a time of personal crisis. Suicide need not claim as many lives as it does. There is help available. We all play a part in helping suicidal persons get the help they need.

People with bipolar disorder are especially vulnerable to suicide. Estimates are that 10 per cent of people with this condition eventually commit suicide, while many more attempt it. The end of a period of depression is the time of greatest risk for suicide because, as depression lifts, there is energy to carry out a suicide plan.

Be alert for the following signs.

Behaviours

- ◆ cancelling plans
- ◆ hoarding medications*
- ◆ a behaviour change that is noticeable and sudden (this could be withdrawal or increased risk-taking)
- ◆ signs similar to those of depression, including eating and sleeping disturbances, low energy level, crying, isolating from others
- ◆ using more alcohol and/or drugs
- ◆ making final arrangements (e.g., making a will)*
- ◆ giving away possessions.

Verbal clues

- ◆ expressing feelings of helplessness and hopelessness
- ◆ hinting at doing away with themselves

- ◆ talking or joking about suicide
- ◆ expressing relief that it will all soon be over
- ◆ talking about a specific suicide plan, including the method, date, location*
- ◆ talking about having access to the means for killing oneself*
- ◆ writing a suicide note.*

* *Although all the clues listed above are important, any one of these clues indicate that assessment by a mental health professional is urgent.*

What Can Family and Friends Do?

- ◆ Ask the person, "Are you thinking about suicide? Do you have a plan?"
- ◆ Listen without making value judgements. A depressed person often needs a supportive ear much more than being told what is wrong or what to do.
- ◆ Believe what the person says and take all threats seriously.
- ◆ Never keep someone's suicidal feelings a secret. Share the responsibility with others who are trained to deal with suicide.
- ◆ Give reassurances that help is available, then support and encourage the person to reach out to professional and community sources of help.
- ◆ Act immediately if you feel someone is at immediate risk for suicide. Call the crisis line, the police, emergency services or a hospital to ensure the person's safety.

Make Your Plan for Living

Part of dealing with bipolar disorder may involve being prepared for suicidal feelings. Planning what actions you will take if you begin to feel suicidal, writing the plan down, and keeping it in a convenient place may save your life.

A sample plan appears below.

Tom's Plan for Life

Occupation: self-employed

Diagnosis: Bipolar Disorder, rapid cycling type

I have bipolar disorder. I have attempted suicide in the past. I stabilize my illness with medication and regularly attend a support group.

Doctor's/Therapist's name(s) and phone number(s): Dr. John Phillips 899-0000

If doctor/therapist is not available, I will call the following professionals or services:

<u>Dr. Bill Jones</u>	<u>my family doctor</u>	<u>333-6262</u>
<u>Martha Brown</u>	<u>my minister</u>	<u>444-8888</u>
<u>Crisis Team</u>		<u>525-7777</u>

If I start to think about suicide, I will contact these trusted friends and family members (in order of priority):

Name	Phone Number
1. <u>John Smith</u>	<u>899-9999</u>
2. <u>Mary Stuart</u>	<u>239-4132</u>
3. <u>Peter Jones</u>	<u>963-5555</u>

I know that I am becoming depressed when I experience the following warning signs:

Withdraw from others - even family
sleep alot - start drinking

If someone I cared about was considering suicide, this is what I would say to him/her:

"As bad as it feels right now, don't do anything just for today."
"You've survived so much already."

Preferred hospital: City General Hospital Health care #: _____

Activity Checklist

- | | |
|--|---|
| ☐ Contact doctor/therapist | ☐ Prepare for possible hospitalization (if doctor advises) |
| ☐ Contact family or friends | ☐ Read diary entries |
| | ☐ Notify employer (if I think I will need time off) |
| | ☐ Throw away alcohol and unnecessary medications |

Adapted from the brochure "Suicide and Depressive Illness,"
National Depressive and Manic-Depressive Association, Chicago, IL.

Make Your Plan for Living

Plan for Life

Occupation: _____

Diagnosis: _____

I have bipolar disorder. I have attempted suicide in the past. I stabilize my illness with medication and regularly attend a support group.

Doctor's/Therapist's name(s) and phone number(s): _____

If doctor/therapist is not available, I will call the following professionals or services :

If I start to think about suicide, I will contact these trusted friends and family members (in order of priority):

Name Phone Number

1. _____

2. _____

3. _____

I know that I am becoming depressed when I experience the following warning signs:

If someone I cared about was considering suicide, this is what I would say to him/her:

Preferred hospital: _____ Health care #: _____

Activity Checklist

- ☐ Contact doctor/therapist ☐ _____
- ☐ Contact family or friends ☐ _____
- ☐ _____
- ☐ _____

Life After Mania

People with bipolar disorder and their families are all too familiar with the devastating results of a severe manic episode. Damaged relationships, alienated friends, and financial or legal problems often result.

The following guidelines may help you cope with the results of your manic episode:

- ◆ Deal with one thing at a time. Don't do it alone. Get help.
- ◆ Let go of feelings of shame, guilt and self-hate. They are of no use and will only erode your self-esteem. It's far more productive to make amends and take responsibility for your actions.
- ◆ Show that you are taking responsibility for your mistakes and maintaining your health.
- ◆ Remember that you have an illness that causes you to do things that you wouldn't do if you were well.
- ◆ Learn from the experience and plan what to do if the mania returns. For example, keep only a minimum balance in bank accounts, destroy your credit cards, give trusted relatives the keys to safety deposit boxes.

Coming to terms with the reality of bipolar disorder and making major life changes are not easy. When you do face these challenges, you are learning to live with your illness.

An open letter to my family and friends ...

When I'm in a period of out-of-control mania, please remember ...

- ◆ *I'm not doing this because I have a bad attitude. I'm out of touch with reality and it will be difficult to communicate with me.*
- ◆ *Don't take verbal attacks or words said in anger too personally. I'm not in control.*
- ◆ *My delusions or hallucinations are real to me. Please treat them that way, like a child's invisible friend. Although you're not involved in my delusions or hallucinations, pay attention to them. They hold clues to how I'm going to behave.*
- ◆ *If you make financial decisions to protect me from myself, try not to jeopardize our relationship. If possible, involve others I also respect and trust.*

For Family and Friends

Reactions and Adjustments

When a person is first diagnosed with bipolar disorder, reactions from family members are many and varied.

- ◆ Most feel relieved that the problem has finally been identified and named.
- ◆ Many feel guilty, attributing something they have done (or not done) to cause the illness.
- ◆ Most are fearful, wondering what the future will hold.
- ◆ Many feel sadness as they realize that some of their hopes and expectations might not be realized.
- ◆ Some feel embarrassed that a member of their family has been diagnosed with a mental illness.

All of the above are legitimate and normal. As time goes on, people begin to adapt to a family member's or friend's illness by reacting in various ways, including:

- ◆ denying the problem, believing that it's not serious and will go away or take care of itself;
- ◆ becoming highly involved in the life of the person with bipolar disorder to the point where it becomes the focus of their lives;
- ◆ being distant, moving away physically and emotionally from the

condition and the family member;

- ◆ becoming depressed as they grieve the loss of a healthy child, spouse, parent or friend;
- ◆ accepting the condition by making adjustments and developing new coping skills; or
- ◆ viewing the person's bipolar disorder as a challenge, something to overcome or a way to grow.

Reactions of Children

Children in particular may not understand their parent's condition and wonder if it's their fault. The illness may also cause parents to be inconsistent with children and neglect or overlook their needs at times.

Common reactions of children include:

- ◆ trying excessively to please the ill parent;
- ◆ wanting to protect one parent from the other's criticism or abuse;
- ◆ being an overachiever at school;
- ◆ misbehaving at home or at school;
- ◆ being very loyal and protective of their family;
- ◆ becoming anxious or depressed themselves;

.....
"When I was in the hospital, my father-in-law said to my wife, 'You have to dump this guy.' (She didn't.) My own parents said that they'd understand if she wanted out."

.....
"This problem's a bitch. It's chronic and it doesn't just disappear. But there's hope of recovery. That's what keeps you going day-to-day. You learn to take care of yourself, your marriage, and pray for your child with bipolar disorder."

- ◆ seeking love and attention from others outside of the home; or
- ◆ doing things they feel will help their parent get better.

It is important to understand that children are very good at bouncing back from stressful experiences. With your support, they can adapt to your condition.

What can you do?

- ◆ Explain that your mood changes or “blue periods” are not their fault.
- ◆ Reassure them that you are not going to die.
- ◆ Tell them that you need some time to recover.
- ◆ Let them know by your words and actions that you love them.
- ◆ Ask family and friends for support and help.

By openly discussing bipolar disorder and encouraging questions, you can protect and may actually enhance the relationship with your children.

Case Notes

Ann and Mark were relieved when Mark's behaviour was finally diagnosed as bipolar disorder. They now had an explanation for his mood swings and some of his problems as a child. There was a frustrating period of trial and error before the right drugs were found for Mark. It was hard to be patient.

Now on a maintenance level of antidepressants and lithium, Mark continues to have periods of hypomania and depression. The hypomania is usually expressed as a creative spurt in his work. Sometimes these periods are triggered by stress, but there is no consistent cause.

Ann and Mark are always on the lookout for early signs of impending depression or hypomania, and ready to take appropriate precautions. If necessary, Mark takes sleeping pills to get enough sleep. He tries to get daily exercise. If Mark is lethargic, Ann encourages him to do something, knowing that he often feels better after activity. She tries to keep their home as calm as possible.

Ann explains to their children (and reminds herself) that Mark may say or do things he wouldn't do if he were well. She gives their children extra attention when Mark is unable to do so. She takes on more of the family responsibilities and delays making decisions until Mark is well again.

When Manic or Depressive Episodes Occur

During episodes of mania or depression, family life is often stressful. Symptoms of both phases are distressing in different ways. If mood swings are mild, the family may be able to handle them without too much difficulty. When the episodes are severe, coping may be extremely difficult.

What to Expect When Mania Appears

Mania typically arouses intense feelings in everyone. Depending on the severity of the manic episode, reactions can range from frustration and annoyance to anger and hatred. Family members are dismayed as they see their loved one turning into a stranger.

Spending sprees, promiscuity, criminal acts or other forms of erratic and risky behaviours may occur. The manic person is sure there is nothing wrong with these actions and often takes no responsibility for the consequences. Family members are often faced with having to “pick up the pieces” or “bail out” their relative (both literally and figuratively).

People with bipolar disorder, their friends and family tend to enjoy living with hypomania. They welcome the energy and enthusiasm associated with this state. A person with hypomania is often creative and industrious, witty and charming.

There is a down side as well. A person who is manic is often irritable and frustrated. What might be considered an ordinary comment from someone might cause a severe blow-up. Family members become concerned. They “walk on egg shells,” trying not to upset their relative.

People in a manic episode are often very articulate and may sometimes use their knowledge of others’ sensitivities to provoke people around them to feel embarrassed, guilty and worthless. Family members may begin to question their own sanity as they are faced with continual insults or insinuations about their actions.

What To Do When Mania Appears

When someone close to you is having a manic episode, the following guidelines may help you cope.

- ◆ At the first signs of overactivity and after the first night’s loss of sleep, express your concern and take action if necessary.
- ◆ Don’t tell (or expect) the person to “snap out of it.”
- ◆ Use a firm, but consistent approach. Avoid sounding strict or bossy. Don’t make demands. Don’t argue with the person. The severity of the manic episode will affect how firm or forceful you need to be.
- ◆ Recognize that people with bipolar disorder are often unable to control their thoughts. Their behavior is the result of the illness.

"Getting someone who is extremely manic to the hospital isn't easy. You might even need to get into the person's fantasy. For example, when I had my first manic episode, my wife had to be really creative to get me to the hospital because there was no way I was going willingly. She asked the parish priest to tell me that I had to go. Seeing how I believed I was the Son of God, I had no choice but to obey."

- ◆ Try to maintain your usual routine, for example, serve meals at the regular times.
- ◆ Try to keep your home as quiet and restful as possible, for example, keep lights low, play soothing music.
- ◆ Keep your conversations short and use simple words. Ask simple questions. Deal with one thing at a time.
- ◆ Avoid using scare tactics, punishment, or threatening hospitalization to change behaviour.
- ◆ Try to redirect the person's excessive energy into more productive and appropriate areas.
- ◆ Encourage self-care, especially with respect to eating, bathing and personal hygiene. For example, prepare balanced meals that can be easily reheated, keep nutritious snacks available, suggest a relaxing bath.
- ◆ Offer nutritious snacks and beverages. Stock up on favourite foods and drinks. Watch for signs of exhaustion and dehydration.
- ◆ Try to get the person to see a doctor. If the situation worsens and becomes an emergency, get the person to a hospital.

What to Expect When Depression Appears

Depression arouses a range of feelings in others: sadness, concern, fear, helplessness, anxiety, guilt, frustration and anger. The first depressive episode is often confusing for family

members because they don't understand what is happening.

It is natural for people to try to determine the cause of the depression. Some may attribute the depression to a "bad" attitude, laziness, self-pity or irresponsibility. Others may see it as "growing pains," a normal part of maturation, or the result of working too hard or studying too much. Often people feel guilty, thinking they have played a role in the depression either through something they have done or failed to do.

It is natural to want to solve "the problem." Family members may give advice and become frustrated or annoyed when it isn't taken. But the lack of energy that accompanies depression is a major barrier to taking action of any kind.

What To Do When a Depressive Episode Occurs

The following guidelines may help you cope when someone close to you is having a depressive episode:

- ◆ Limit stimulation.
- ◆ Make your expectations clear.
- ◆ Be supportive and understanding. A depressed person needs to talk with someone who will not be critical.
- ◆ Encourage self-care, especially with respect to eating, bathing and personal hygiene. For example, prepare balanced meals that can be easily reheated, keep nutritious snacks available, suggest a relaxing bath.

.....
"One of the things I found useful when I was depressed was to ask people around me to write a list of my positive qualities. At the time I couldn't have thought up one on my own. It sure helped. And anytime I need to, I can see that someone cares. It's right there on paper."

- ◆ Try to enhance self-esteem and self-confidence by emphasizing the positive and talking about the person's past and current achievements.
- ◆ Promote not "getting depressed over being depressed." Provide reassurance that the depression will pass.
- ◆ Monitor all medications carefully. It is common for a depressed person to forget or become confused about medications.
- ◆ Watch for evidence of hoarding medications. It is often a sign that suicide is planned.
- ◆ Determine whether there are thoughts of or any plans for suicide. Take action if necessary. For more information on dealing with suicidal thoughts and feelings, see the section in this handbook, Suicide Prevention.
- ◆ Ask the depressed person if you are doing anything that may be contributing to their condition. Be prepared to do some problem-solving.
- ◆ Don't tell (or expect) a depressed person to "snap out of it." This leaves the impression that they are responsible for, or have control over, their condition when they do not.
- ◆ Above all, get professional help.

When Judicial Help is Needed

In Alberta, the *Mental Health Act* provides for the involuntary hospitalization of people who:

- ◆ are "suffering from mental disorder";

- ◆ are considered to be a danger to themselves or others; or
- ◆ refuse to seek medical help.

In some emergency situations, judicial means are necessary to have a person hospitalized. Some ways of doing this are described below.

1. Contact the person's physician or psychiatrist to have an admission certificate issued. Following are the relevant parts of the *Mental Health Act* to explain the purpose of the certificate and how it is used:

"When a physician examines a person and is of the opinion that the person is:

- a) suffering from mental disorder;*
- b) in a condition presenting or likely to present a danger to himself or others, and*
- c) unsuitable for admission to a facility other than as a formal patient*

he may, not later than 24 hours after the examination, issue an admission certificate in the prescribed form with respect to the person." (Section 2(1), *Mental Health Act*)

"One admission certificate is sufficient authority:

- a) to apprehend the person named in the certificate and convey him to a facility and for any person to care for, observe, assess and detain and control the person named in the certificate during his apprehension for conveyance to a facility, and*

- b) *to care for, observe, examine, assess, treat, detain, and control the person named in the certificate for a period of 24 hours from the time when the person arrives at the facility.*

The authority to apprehend a person and convey him to a facility under section (1)(a) expires at the end of 72 hours from the time when the certificate is issued.” (Section 4(1)(2), Mental Health Act)

2. Contact the Family Court to obtain an order (warrant) for apprehension.

“Anyone who has reasonable and probable grounds to believe that a person is:

- a) *suffering from mental disorder, and*
- b) *in a condition presenting or likely to present a danger to himself or others*

[This person] may bring information under oath to a provincial judge.

If the provincial judge is satisfied that:

- a) *the person is in a condition presenting or likely to present a danger to self or others, and*
- b) *an examination can be arranged in no other way,*

he may issue a warrant to apprehend that person for an examination.” (Section 10(1)(2), Mental Health Act)

3. Contact the Police

“When a peace officer has reasonable and probable grounds to believe that:

- a) *a person is suffering from mental disorder;*
- b) *the person is in a condition presenting a danger to himself or others;*
- c) *the person should be examined in the interests of his own safety or the safety of others; and*
- d) *the circumstances are such that to proceed under Section 10, Mental Health Act, would be dangerous,*

he may apprehend and convey him to a facility for examination.” (Section 12(1), Mental Health Act)

How to Help

Support and encouragement — whether it be from family members or close friends — provides a stable foundation for growth and development. We all want to feel there are people who accept and care about us. We lead healthier and more independent lives when we feel people are understanding, and that our efforts are acknowledged.

Ask yourself, “How would I like to be treated in this situation?” and act accordingly. Several suggestions are provided below.

◆ Treat the person with the illness as an adult

Too often, people with mental illnesses are treated as children, “talked down to,” patronized or given unsolicited advice. Be tactful and respectful. Often family members must put their roles aside to provide the best support.

“I can no longer be his mother. It’s better that we be two adults trying to solve the problem.”

- ◆ **Emphasize the positive**
Focus on accomplishments with statements like, “You’re looking especially smashing today,” or “I really appreciated the way you handled the kids last night.” You’ll help build confidence and self-esteem.

This guideline is particularly important during a depressive episode. The negative thinking associated with depression results in a great deal of self-criticism and blame. Avoid adding your own negative comments. Downplay the person’s shortcomings and failures.

- ◆ **Acknowledge effort**
Even when results are not apparent, recognize attempts. Statements such as “Nice try!” or “I know one of these times you’re going to get it,” help alleviate discouragement.
- ◆ **Use humour**
Laughing together can help to relieve tension, put things in a better perspective and demonstrate warmth, caring and mutual understanding. But don’t use humour as sarcasm or a put-down.
- ◆ **Set clear expectations**
Many problems can be avoided if you are clear and precise about what you expect the person with the illness to do.
- ◆ **Deal with problems sooner rather than later**
Conflicts are easier to resolve when they first appear. When left too long, little problems turn into big ones.

- ◆ **Offer help judiciously**
If a problem doesn’t involve you, don’t be too quick with solutions. People with bipolar disorder are more likely to develop confidence and independence when you acknowledge their feelings and express your belief that they can resolve the issue themselves.
- ◆ **Don’t lose hope**
Living with bipolar disorder can be discouraging, particularly when relapses occur or in times for distress. But there is hope for recovery. People who live with bipolar disorder can have satisfying and productive lives. Many say they value the insight and sensitivity they have gained from their experience.
- ◆ **Recognize that stigma exists**
The stigma of this illness extends to families. Accepting that stigma exists and is the result of fear and ignorance helps families live with this condition.

Support and Resources

"A few weeks ago, as I was speaking about depression to a group of psychiatric patients, I noticed a tear trickling down the cheek of a woman. When I finished, she looked at me and said, 'I thought I was the only one. Now I don't feel alone. You have just saved my life.'"

"Involving family members is crucial. If only people with the illness are involved, there's not enough stability to keep the group going."

Self-Help Groups

Self-help groups are often critical in dealing successfully with bipolar disorder. They can provide support for those who have been diagnosed with the condition as well as their families and others close to them.

Self-help groups can be sources for:

- ◆ **Information**
Current knowledge about the disorder and its treatment is often shared, and brochures and information booklets are available. Some self-help groups publish newsletters.
- ◆ **Emotional support**
In these groups, people share their experiences, strengths and hopes.
- ◆ **Helping others**
Practical advice and tips about how to live with bipolar disorder abound.
- ◆ **Socializing**
These groups help alleviate the isolation and loneliness that often accompany bipolar disorder.
- ◆ **Advocacy**
Through efforts to educate the public and promote awareness of bipolar disorder, self-help groups fight the stigma of mental illness, gain needed resources, and lobby for more research funds and changes in government policy.

Self-help groups of various kinds are found in many centres. However, if your community does not have a self-help group that meets your needs, you may wish to consider starting one.

Many self-help groups begin as a result of the efforts of a few people, including those with the illness, one or two family members and a qualified professional or medical advisor.

Here are two excellent resources on how to set up self-help groups.

Helping You Helps Me: A Guide Book for Self-Help Groups

Available from:
Canadian Council on Social Development
Box 3505
Ottawa, Ontario
K1Y 4G1

Helping Others—Helping Ourselves: A Guide to Starting Mutual Aid Self-Help Groups for Manic Depressive and Depressive Disorders

Available from:
National Depressive and Manic-Depressive Association
Suite 505, 53 West Jackson Blvd.
Chicago, Illinois, USA
60604

"The magic of a self-help group is the great relief of knowing you are not alone. You meet people who are very much like you and you can speak freely without fear of rejection or ridicule. The magic of the self-help group is feeling accepted and valued."

"Working to establish a support group in our community was a big part of my recovery from mental illness."

Suggestions for Starting a Self-Help Group

- ◆ **Don't do it alone**
Starting a group can be rewarding but demanding and stressful. Sharing the responsibility and assigning tasks avoids "burn-out" and increases the chance of being successful.
- ◆ **Form a core group**
Once several interested people have been identified, hold a meeting and select a core group or steering committee. Identify the tasks this group will undertake and make a commitment to work together for a specific period of time.
- ◆ **Clarify the purpose of the group and its membership**
An effective group will develop in response to the needs of its members. Be clear about what the group wishes to do and who should be involved.
- ◆ **Plan the program**
Determine what types of meetings will be held as well as how they will be organized and led.
- ◆ **Find a place to meet**
Look for a permanent place for the group to meet. Make sure there is enough space to accommodate the participants. If the large group is to break into special interest areas (e.g., newcomers, family members), try to find a place that has individual meeting rooms.
- ◆ **Publicize the group**
Identify and follow up on ways of informing potential members of when and where the group meets. Identify a contact person to answer inquiries.
- ◆ **Share the leadership**
Once regular meetings are underway, gradually reduce the involvement of the core group. A self-help group belongs to all of its members. Rotate tasks such as leading meetings, making coffee and setting up the room. Integrate new members into the group by encouraging their participation in group tasks as well as in discussions.

Adapted from: National Depressive and Manic-Depressive Association. *Helping Others —Helping Ourselves: A Guide to Starting Mutual Aid Self-Help Groups for Manic Depressive and Depressive Disorders.*

Community Resources

Hospitals

People who live with bipolar disorder need to be aware of where and how to gain access to a hospital if the need arises. Many hospital admissions occur through the emergency department. Some acute-care hospitals have a psychiatric ward in which severely ill or suicidal patients receive care. Smaller hospitals may have designated psychiatric beds. Psychiatric hospitals provide short-term and long-term care as well as out-patient programs.

Mental Health Clinics

Mental health clinics, where therapists and physicians are available to provide care and counselling, exist in many communities. To find the centre nearest to you, check your phone book.

Distress or Crisis Lines

This service is provided on a 24-hour basis in many communities. The telephone number is usually located on the first page of the telephone book.

Suicide Prevention Services

Many communities have specialized services aimed at preventing suicide. The telephone number is usually located on the first page of the phone book.

Community Organizations

Many agencies, religious organizations and other community groups are available to provide services to people with mental illness, including

Alberta Mental Health Care Consumers' Network

The Consumers' Network is an association of people who have direct experience with mental illness and with the mental health care system. Working together, our members collectively influence their own growth and development and that of each other, speak on mental health issues based on their experience, and provide support to other consumers.

By becoming part of the Consumers' Network you can:

- ◆ voice your concerns about issues such as housing, income, education, and improved services for people with mental illness;
- ◆ influence government funding and policy making; and
- ◆ gain access to decision-making bodies concerning the above.

For further information contact:

Consumers' Network
325 Capital Place
9707-110 Street
Edmonton, Alberta
T5K 2L9
Phone: (403) 482-6576

Information provided by Alberta Mental Health Care Consumers' Network.

the Canadian Mental Health Association, the Provincial Mental Health Board, and the Regional Health Authority in your area.

Look in the Yellow Pages under Counselling and Therapists or contact your family physician for further information on community mental health services.

Phone List

[illegible][illegible]

Suggested Reading

Berger, D. & Berger, L. (1991). *We Heard the Angels of Madness: A Family Guide to Coping with Manic Depression*. New York: William Morrow.

One family's experience with bipolar disorder is revealed in this well-written story. Various perspectives are presented, including those of the son who is diagnosed with the condition, his mother, and the physicians who care for him.

Bloomfield, H. & McWilliams, P. (1994). *How to Heal Depression*. Los Angeles, CA: Prelude Press.

This easy-to-read book presents current information about depression. Various treatments are reviewed, including healing approaches. Quotes from well-known people who have lived with the illness are included.

Burns, D. (1980). *Feeling Good: The New Mood Therapy*. New York, NY: Avon.

Although written many years ago, this is a useful resource that provides comprehensive information as well as practical suggestions about how to deal with mood disorders.

Cronkite, K. (1994). *On the Edge of Darkness: Conversations About Conquering Depression*. New York, NY: Doubleday.

This book presents numerous interviews with people who have experienced depression (including several celebrities) as

well as psychiatrists, psychologists and medical researchers.

Duke, P. & Hochman, G. (1992). *A Brilliant Madness: Living With Manic-Depressive Illness*. New York, NY: Bantam.

This book tells the story of actress Patty Duke and her experience with bipolar disorder. Information about the illness is interspersed throughout the text.

Greist, J. & Jefferson, J. (1992). *Depression and its Treatment*. Washington, DC: American Psychiatric Press Inc.

This informative book, written from a medical perspective, discusses various aspects of depression and how it is treated.

Rosenthal, N.E. (1993). *Winter Blues: Seasonal Affective Disorder: What It Is and How to Overcome It*. New York, NY: Guilford Press.

This text presents up-to-date information about Seasonal Affective Disorder and its treatment. A self-assessment questionnaire is included.

Styron, W. (1990). *Darkness Visible: A Memoir of Madness*. New York, NY: Random House.

This beautifully written story chronicles the experience of the well-known writer William Styron in living with depression.

Thériault, C., Thériault, L. & Richard, P. (1992). *On an Even Keel: Understanding Bipolar Mood Disorder*. Beresford, NB: Publik-Art Ltd.

This Canadian book contains practical information and excellent suggestions for living with bipolar disorder. Many of the ideas apply to other forms of mental illness as well.

Other Reading Resources

Alzheimer Disease: A Handbook for Alberta Caregivers

This resource book provides practical information to caregivers of people with Alzheimer Disease. You can obtain a copy through your local Alzheimer Society or the Alzheimer Association of Alberta. They are listed in the telephone book.

Depression: What is it ? What to do?

This book provides practical information on depression. A copy can be obtained through the Canadian Mental Health Association. The provincial office and the regional offices are listed in your phone book.

Schizophrenia: Youths Greatest Disabler—Face It!

This booklet provides a clear explanation of schizophrenia and illustrates the impact this illness has not only on individuals, but also on their families. A copy of this booklet can be obtained through your local Schizophrenia Society or the Schizophrenia Society of Alberta. They are listed in the telephone book.

Glossary

affective disorder

A group of mental disorders involving disturbances of mood, such as elation or depression. The two main categories are unipolar and bipolar affective disorders.

cyclothymia

Also known as cyclothymic disorder. A type of affective disorder involving recurrent periods of mild depression and hypomania (see below). Mood swings are not as severe or as prolonged as in bipolar disorder.

delusion

A false, fixed belief, such as believing that thoughts are controlled by forces outside the body. Paranoid delusions are false beliefs that cause feelings of suspiciousness and/or grandiosity.

dosette

A container designed to help you keep track of what medications to take and when to take them.

DSM-III-R

The Diagnostic and Statistical Manual of Mental Disorders (3rd edition, revised). This is the main reference used by a wide range of mental health professionals for diagnosing and classifying mental disorders. **DSM-IV is a more recent version of this reference.**

dysthymia

Also known as dysthymic disorder. A form of long-term depression in which the

symptoms are not as severe as in major depression.

hallucination

A false sensory experience, such as seeing, hearing, tasting, smelling or feeling something that does not exist.

hypomania

Moderate form of mania, involving high mood and over activity. Another term for bipolar disorder.

mixed mania

Also called mixed manic state, where manic and depressive symptoms appear simultaneously.

psychosis

A mental state in which the personality is severely disorganized and contact with reality is impaired.

rapid cycling

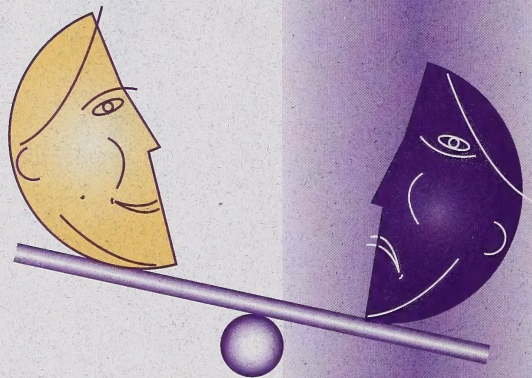
A form of bipolar disorder characterized by frequent mood swings (i.e., four or more per year).

thought disorder

A group of mental disorders characterized by disturbances in thinking processes including delusions, hallucinations, illogical thinking and severely impaired functioning.

unipolar affective disorder

Another term for depression.



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HEALTH

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